

*Handwritten:* 1-1-84  
*Handwritten:* PTO-875

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. **107069995**

FILING DATE

APPLICANT(S)

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		No.						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	10		34				TOTAL DEP.						
TOTAL CLAIMS	13		36				TOTAL CLAIMS						